

MDR Tracking Number: M5-04-0379-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 10-03-03.

The IRO reviewed office visits, office visits with manipulation, therapeutic exercises, therapeutic activities, physical medicine treatment, electrical stimulation, therapeutic procedures, myofascial release and neuromuscular re-education from 10-14-02 through 05-13-03 that was denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 01-14-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

The respondent addressed dates of service 02-07-03, 02-10-03 and 02-11-03 per explanation of benefits and payment has been made per the fee schedule per check numbers 05062906, 05062907 and 05062908 respectively. Therefore, no fee issues exist for dates of service 02-07-03, 02-10-03 and 02-11-03.

Neither party submitted an explanation of benefits or relevant information per Rule 133.307(g)(3)(A-F) for date of service 10-15-02 in support of the fee component in this dispute. Therefore, no reimbursement is recommended.

This Decision is hereby issued this 1st day of March 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

January 13, 2004
Amended February 5, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The patient was working in data entry for her employer when she suffered a gradual onset of pain in her hands bilaterally as well as her cervical spine. She initially was referred by her union to a doctor in ___. She underwent a EMG/NCV by ___ on July 10, 2001 which demonstrated mild radiculopathies from the cervical spine but no note was made of carpal tunnel syndrome. A second EMG/NCV was performed by ___ and was negative, but indicated a stenosing tenosynovitis was possible. A RME by ___ indicated that the patient did have CTS as well as ulnar entrapment and thoracic outlet syndrome. She eventually underwent a brachial plexus decompression followed by active rehabilitation and a chronic pain program. MRI of the left shoulder was negative. She was found at MMI by ___ with 16% impairment on March 5, 2003.

DISPUTED SERVICES

The carrier has denied the medical necessity of office visits with manipulation, therapeutic exercises, therapeutic activities, physical medicine treatments, electrical stimulation, office visits, therapeutic procedures, myofascial release and neuromuscular re-education as medically unnecessary with a peer review.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The care rendered was not documented as to its medical necessity. There certainly is no doubt that the provider did document that the treatment was rendered, but not that the treatment was effective in addressing any particular problem the patient had. Certainly the passive modalities had long been exhausted as a reasonable method of treating this patient's injuries and the active care was not documented for its necessity in any of the numerous methods available. No goals or results which are reliable are measurable by the notes and the doctor reports that the patient has on almost all documents presented a VAS score of 3/10. As a result of a lack of documentation for medical necessity, the reviewer finds the care was not reasonable on this case.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,